

Senate File 513 - Introduced

SENATE FILE 513
BY COMMITTEE ON HUMAN
RESOURCES

(SUCCESSOR TO SF 348)

A BILL FOR

1 An Act relating to the prescribing and dispensing of
2 self-administered hormonal contraceptives.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 155A.3, Code 2019, is amended by adding
2 the following new subsections:

3 NEW SUBSECTION. 10A. "*Department*" means the department of
4 public health.

5 NEW SUBSECTION. 44A. "*Self-administered hormonal*
6 *contraceptive*" means a self-administered hormonal contraceptive
7 that is approved by the United States food and drug
8 administration to prevent pregnancy. "*Self-administered*
9 *hormonal contraceptive*" includes an oral hormonal contraceptive,
10 a hormonal vaginal ring, and a hormonal contraceptive patch,
11 but does not include any drug intended to induce an abortion as
12 defined in section 146.1.

13 NEW SUBSECTION. 44B. "*Standing order*" means a preauthorized
14 medication order with specific instructions from the medical
15 director of the department to dispense a medication under
16 clearly defined circumstances.

17 Sec. 2. NEW SECTION. 155A.47 **Pharmacist dispensing of**
18 **self-administered hormonal contraceptives — standing order —**
19 **requirements — limitations of liability.**

20 1. *a.* Notwithstanding any provision of law to the contrary,
21 a pharmacist may dispense a self-administered hormonal
22 contraceptive to a patient, who is at least eighteen years of
23 age, pursuant to a standing order established by the medical
24 director of the department in accordance with this section.

25 *b.* In dispensing a self-administered hormonal contraceptive
26 to a patient under this section, a pharmacist shall comply with
27 the following:

28 (1) For an initial dispensing of a self-administered
29 hormonal contraceptive, the pharmacist may dispense only up
30 to a three-month supply at one time of the self-administered
31 hormonal contraceptive.

32 (2) For any subsequent dispensing of the same
33 self-administered hormonal contraceptive, the pharmacist
34 may dispense up to a twelve-month supply at one time of the
35 self-administered hormonal contraceptive.

1 2. A pharmacist who dispenses a self-administered hormonal
2 contraceptive in accordance with this section shall not
3 require any other prescription drug order authorized by a
4 practitioner prior to dispensing the self-administered hormonal
5 contraceptive to a patient.

6 3. The medical director of the department may establish a
7 standing order authorizing the dispensing of self-administered
8 hormonal contraceptives by a pharmacist who does all of the
9 following:

10 *a.* Complies with the standing order established pursuant to
11 this section.

12 *b.* Retains a record of each patient to whom a
13 self-administered hormonal contraceptive is dispensed under
14 this section and submits the record to the department.

15 4. The standing order shall require a pharmacist who
16 dispenses self-administered hormonal contraceptives under this
17 section to do all of the following:

18 *a.* Complete a standardized training program and continuing
19 education requirements approved by the board in consultation
20 with the department that are related to prescribing
21 self-administered hormonal contraceptives and include education
22 regarding all contraceptive methods approved by the United
23 States food and drug administration.

24 *b.* Obtain a completed self-screening risk assessment,
25 approved by the department in collaboration with the board and
26 the board of medicine, from each patient, verify the identity
27 and age of each patient, and perform a blood pressure screening
28 on each patient, prior to dispensing the self-administered
29 hormonal contraceptive to the patient.

30 *c.* Provide the patient with all of the following:

31 (1) Written information regarding all of the following:

32 (a) The importance of completing an appointment with the
33 patient's primary care or women's health care practitioner
34 to obtain preventative care, including but not limited to
35 recommended tests and screenings.

1 (b) The effectiveness and availability of long-acting
2 reversible contraceptives as an alternative to
3 self-administered hormonal contraceptives.

4 (2) A copy of the record of the pharmacist's encounter with
5 the patient that includes all of the following:

6 (a) The patient's completed self-screening risk assessment.

7 (b) A description of the contraceptive dispensed, or the
8 basis for not dispensing a contraceptive.

9 (3) Patient counseling regarding all of the following:

10 (a) The appropriate administration and storage of the
11 self-administered hormonal contraceptive.

12 (b) Potential side effects and risks of the
13 self-administered hormonal contraceptive.

14 (c) The need for backup contraception.

15 (d) When to seek emergency medical attention.

16 (e) The risk of contracting a sexually transmitted
17 infection or disease, and ways to reduce such a risk.

18 5. The standing order established pursuant to this section
19 shall prohibit a pharmacist who dispenses a self-administered
20 hormonal contraceptive under this section from doing any of the
21 following:

22 a. Requiring a patient to schedule an appointment with
23 the pharmacist for the prescribing or dispensing of a
24 self-administered hormonal contraceptive.

25 b. Dispensing self-administered hormonal contraceptives to
26 a patient for more than twenty-four months after the date a
27 self-administered hormonal contraceptive is initially dispensed
28 to the patient without the patient's attestation that the
29 patient has consulted with a primary care or women's health
30 care practitioner during the preceding twenty-four months.

31 c. Dispensing a self-administered hormonal contraceptive to
32 a patient if the results of the self-screening risk assessment
33 completed by a patient pursuant to subsection 4, paragraph
34 "b", indicate it is unsafe for the pharmacist to dispense the
35 self-administered hormonal contraceptive to the patient, in

1 which case the pharmacist shall refer the patient to a primary
2 care or women's health care practitioner.

3 6. A pharmacist who dispenses a self-administered hormonal
4 contraceptive and the medical director of the department who
5 establishes a standing order in compliance with this section
6 shall be immune from criminal and civil liability arising
7 from any damages caused by the dispensing, administering,
8 or use of a self-administered hormonal contraceptive or the
9 establishment of the standing order providing the pharmacist
10 acts reasonably and in good faith. The medical director of the
11 department shall be considered to be acting within the scope
12 of the medical director's office and employment for purposes
13 of chapter 669 in the establishment of a standing order in
14 compliance with this section.

15 7. The department, in collaboration with the board and
16 the board of medicine, and in consideration of the guidelines
17 established by the American congress of obstetricians and
18 gynecologists, shall adopt rules pursuant to chapter 17A to
19 administer this chapter.

20 Sec. 3. Section 514C.19, Code 2019, is amended to read as
21 follows:

22 **514C.19 Prescription contraceptive coverage.**

23 1. Notwithstanding the uniformity of treatment requirements
24 of [section 514C.6](#), a group policy, ~~or contract, or plan~~
25 providing for third-party payment or prepayment of health or
26 medical expenses shall ~~not do either of the following~~ comply
27 as follows:

28 a. ~~Exclude~~ Such policy, contract, or plan shall not
29 exclude or restrict benefits for prescription contraceptive
30 drugs or prescription contraceptive devices which prevent
31 conception and which are approved by the United States
32 food and drug administration, or generic equivalents
33 approved as substitutable by the United States food and drug
34 administration, if such policy, ~~or contract, or plan~~ provides
35 benefits for other outpatient prescription drugs or devices.

1 However, such policy, contract, or plan shall specifically
 2 provide for payment, including reimbursement for pharmacist
 3 consultations, for a self-administered hormonal contraceptive,
 4 as prescribed by a practitioner as defined in section
 5 155A.3, or as prescribed by standing order and dispensed by a
 6 pharmacist pursuant to section 155A.47, including payment for
 7 up to an initial three-month supply of the self-administered
 8 hormonal contraceptive dispensed at one time and for up to a
 9 twelve-month supply of the same self-administered hormonal
 10 contraceptive subsequently dispensed at one time.

11 b. ~~Exclude~~ Such policy, contract, or plan shall not exclude
 12 or restrict benefits for outpatient contraceptive services
 13 which are provided for the purpose of preventing conception if
 14 such policy, ~~or~~ contract, or plan provides benefits for other
 15 outpatient services provided by a health care professional.

16 2. A person who provides a group policy, ~~or~~ contract, or
 17 plan providing for third-party payment or prepayment of health
 18 or medical expenses which is subject to [subsection 1](#) shall not
 19 do any of the following:

20 a. Deny to an individual eligibility, or continued
 21 eligibility, to enroll in or to renew coverage under the terms
 22 of the policy, ~~or~~ contract, or plan because of the individual's
 23 use or potential use of such prescription contraceptive drugs
 24 or devices, or use or potential use of outpatient contraceptive
 25 services.

26 b. Provide a monetary payment or rebate to a covered
 27 individual to encourage such individual to accept less than the
 28 minimum benefits provided for under [subsection 1](#).

29 c. Penalize or otherwise reduce or limit the reimbursement
 30 of a health care professional because such professional
 31 prescribes contraceptive drugs or devices, or provides
 32 contraceptive services.

33 d. Provide incentives, monetary or otherwise, to a health
 34 care professional to induce such professional to withhold
 35 from a covered individual contraceptive drugs or devices, or

1 contraceptive services.

2 3. **This section** shall not be construed to prevent a
3 third-party payor from including deductibles, coinsurance, or
4 copayments under the policy, ~~or~~ contract, or plan as follows:

5 a. A deductible, coinsurance, or copayment for benefits
6 for prescription contraceptive drugs shall not be greater than
7 such deductible, coinsurance, or copayment for any outpatient
8 prescription drug for which coverage under the policy, ~~or~~
9 contract, or plan is provided.

10 b. A deductible, coinsurance, or copayment for benefits for
11 prescription contraceptive devices shall not be greater than
12 such deductible, coinsurance, or copayment for any outpatient
13 prescription device for which coverage under the policy, ~~or~~
14 contract, or plan is provided.

15 c. A deductible, coinsurance, or copayment for benefits for
16 outpatient contraceptive services shall not be greater than
17 such deductible, coinsurance, or copayment for any outpatient
18 health care services for which coverage under the policy, ~~or~~
19 contract, or plan is provided.

20 4. **This section** shall not be construed to require a
21 third-party payor under a policy, ~~or~~ contract, or plan
22 to provide benefits for experimental or investigational
23 contraceptive drugs or devices, or experimental or
24 investigational contraceptive services, except to the extent
25 that such policy, ~~or~~ contract, or plan provides coverage for
26 other experimental or investigational outpatient prescription
27 drugs or devices, or experimental or investigational outpatient
28 health care services.

29 5. **This section** shall not be construed to limit or otherwise
30 discourage the use of generic equivalent drugs approved by the
31 United States food and drug administration, whenever available
32 and appropriate. **This section**, when a brand name drug is
33 requested by a covered individual and a suitable generic
34 equivalent is available and appropriate, shall not be construed
35 to prohibit a third-party payor from requiring the covered

1 individual to pay a deductible, coinsurance, or copayment
2 consistent with [subsection 3](#), in addition to the difference of
3 the cost of the brand name drug less the maximum covered amount
4 for a generic equivalent.

5 6. A person who provides an individual policy, ~~or~~ contract,
6 or plan providing for third-party payment or prepayment of
7 health or medical expenses shall make available a coverage
8 provision that satisfies the requirements in subsections
9 1 through 5 in the same manner as such requirements are
10 applicable to a group policy, ~~or~~ contract, or plan under those
11 subsections. The policy, ~~or~~ contract, or plan shall provide
12 that the individual policyholder may reject the coverage
13 provision at the option of the policyholder.

14 7. a. [This section](#) applies to the following classes of
15 third-party payment provider contracts, ~~or~~ policies, or plan
16 delivered, issued for delivery, continued, or renewed in this
17 state on or after ~~July 1, 2000~~ January 1, 2020:

18 (1) Individual or group accident and sickness insurance
19 providing coverage on an expense-incurred basis.

20 (2) An individual or group hospital or medical service
21 contract issued pursuant to [chapter 509](#), [514](#), or [514A](#).

22 (3) An individual or group health maintenance organization
23 contract regulated under [chapter 514B](#).

24 (4) Any other entity engaged in the business of insurance,
25 risk transfer, or risk retention, which is subject to the
26 jurisdiction of the commissioner.

27 (5) A plan established pursuant to [chapter 509A](#) for public
28 employees.

29 b. [This section](#) shall not apply to accident-only,
30 specified disease, short-term hospital or medical, hospital
31 confinement indemnity, credit, dental, vision, Medicare
32 supplement, long-term care, basic hospital and medical-surgical
33 expense coverage as defined by the commissioner, disability
34 income insurance coverage, coverage issued as a supplement
35 to liability insurance, workers' compensation or similar

1 insurance, or automobile medical payment insurance.

2 8. This section shall not be construed to require a
3 third-party payor to provide payment to a practitioner for the
4 dispensing of a self-administered hormonal contraceptive to
5 replace a self-administered hormonal contraceptive that has
6 been dispensed to a covered person and that has been misplaced,
7 stolen, or destroyed. This section shall not be construed to
8 require a third-party payor to replace covered prescriptions
9 that are misplaced, stolen, or destroyed.

10 9. For the purposes of this section:

11 a. "Self-administered hormonal contraceptive" means a
12 self-administered hormonal contraceptive that is approved
13 by the United States food and drug administration to prevent
14 pregnancy. "Self-administered hormonal contraceptive" includes
15 an oral hormonal contraceptive, a hormonal vaginal ring, and
16 a hormonal contraceptive patch, but does not include any drug
17 intended to induce an abortion as defined in section 146.1.

18 b. "Standing order" means a preauthorized medication order
19 with specific instructions from the medical director of the
20 department of public health to dispense a medication under
21 clearly defined circumstances.

22 Sec. 4. MEDICAID COVERAGE — SELF-ADMINISTERED HORMONAL
23 CONTRACEPTIVES. The department of human services shall,
24 contractually and by administrative rules adopted pursuant
25 to chapter 17A, require under Medicaid fee-for-service
26 and Medicaid managed care administration, coverage for
27 a self-administered hormonal contraceptive as prescribed
28 by a practitioner as defined in section 155A.3, or as
29 prescribed by standing order and dispensed by a pharmacist
30 pursuant to section 155A.47, including payment for up to
31 an initial three-month supply of the self-administered
32 hormonal contraceptive dispensed at one time and for up to a
33 twelve-month supply of the same self-administered hormonal
34 contraceptive subsequently dispensed at one time.

EXPLANATION

1 The inclusion of this explanation does not constitute agreement with
2 the explanation's substance by the members of the general assembly.

3 This bill relates to the dispensing of self-administered
4 hormonal contraceptives by a pharmacist. The bill
5 defines "self-administered hormonal contraceptive" as a
6 self-administered hormonal contraceptive that is approved by
7 the United States food and drug administration to prevent
8 pregnancy, including an oral hormonal contraceptive, a hormonal
9 vaginal ring, and a hormonal contraceptive patch, but not
10 including any drug intended to induce an abortion.

11 The bill provides that notwithstanding any provision of law
12 to the contrary, a pharmacist may dispense a self-administered
13 hormonal contraceptive to a patient who is at least 18 years
14 of age pursuant to a standing order established by the medical
15 director of the department of public health (medical director).
16 The bill provides for an initial dispensing of only up to
17 a three-month supply at one time followed by a subsequent
18 dispensing of up to a 12-month supply at one time of the same
19 self-administered hormonal contraceptive. Additionally, the
20 bill prohibits a pharmacist who dispenses a self-administered
21 hormonal contraceptive in accordance with the bill from
22 requiring any other prescription drug order authorized by a
23 practitioner prior to dispensing the self-administered hormonal
24 contraceptive.

25 The bill authorizes the medical director to establish a
26 standing order authorizing the dispensing of self-administered
27 hormonal contraceptives by any pharmacist who complies with the
28 standing order and retains and submits the patient's record to
29 the department of public health (DPH).

30 The standing order includes requiring a pharmacist who
31 dispenses a self-administered hormonal contraceptive under
32 the bill to: complete a standardized training program and
33 continuing education requirements related to prescribing the
34 hormonal contraceptives; obtain a completed self-screening risk
35 assessment from each patient, verify the identity and age of

1 each patient, and perform a blood pressure screening on each
2 patient before dispensing the hormonal contraceptives; provide
3 the patient with certain written information; provide the
4 patient with a copy of the record of the pharmacist's encounter
5 with the patient; and provide patient counseling.

6 The standing order is to prohibit a pharmacist who dispenses
7 hormonal contraceptives under the bill from requiring a
8 patient to schedule an appointment with the pharmacist for
9 the prescribing or dispensing of the hormonal contraceptives;
10 dispensing the hormonal contraceptives to a patient for more
11 than 24 months after the date initially dispensed without the
12 patient's attestation that the patient has consulted with a
13 practitioner during the preceding 24 months; or dispensing the
14 hormonal contraceptives to a patient if the results of the
15 patient's self-screening risk assessment indicate it is unsafe
16 for the pharmacist to dispense the hormonal contraceptives
17 to the patient, in which case the pharmacist shall refer the
18 patient to a practitioner.

19 The bill provides immunity, for a pharmacist who dispenses a
20 self-administered hormonal contraceptive and for the medical
21 director who establishes a standing order in compliance with
22 the bill, from criminal and civil liability arising from any
23 damages caused by the dispensing, administering, or use of a
24 self-administered hormonal contraceptive or the establishment
25 of the standing order, provided the pharmacist acts reasonably
26 and in good faith. Additionally, the medical director shall
27 be considered to be acting within the scope of the medical
28 director's office and employment for purposes of Code chapter
29 669 (Iowa tort claims Act) in the establishment of a standing
30 order in compliance with the bill.

31 The bill requires DPH, in collaboration with the boards of
32 pharmacy and medicine, and in consideration of the guidelines
33 established by the American congress of obstetricians and
34 gynecologists, to adopt administrative rules to administer the
35 bill.

1 The bill amends prescription contraceptive coverage
2 provisions to require that a group policy, contract, or plan
3 delivered, issued for delivery, continued, or renewed in the
4 state on or after January 1, 2020, providing for third-party
5 payment or prepayment of health or medical expenses, shall
6 specifically provide for payment of self-administered hormonal
7 contraceptives, as prescribed and dispensed as specified in the
8 bill. The bill provides, however, that the provisions of the
9 bill relating to coverage are not to be construed to require
10 a third-party payor to provide payment to a practitioner for
11 dispensing a self-administered hormonal contraceptive to
12 replace a self-administered hormonal contraceptive that has
13 been dispensed to a covered person and that has been misplaced,
14 stolen, or destroyed. These provisions are also not to be
15 construed to require a third-party payor to replace covered
16 prescriptions that are misplaced, stolen, or destroyed.
17 The bill also requires the Medicaid program to provide
18 coverage for self-administered hormonal contraceptives as
19 prescribed and dispensed under the bill.